Foster Family Home - Corrective Action Report

Provider ID:

1-090064

Home Name:

Maria Imelda Lim, CNA

Review ID:

1-090064-8

94-470 Lino Place

96797

Reviewer:

David Ayling

Waipahu

HI

Begin Date:

6/9/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced inspection made today for 3 client ccffh. Corrective action report was issued during visit with a written plan of correction due to CTA by 7/9/21.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(f)(1)

Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #2 and HHM #3.

Foster Family Home

Records

[11-800-54]

54.(c)(2)

Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - Service Plans for client #1, #2, and #3 need to be updated.

Date

Date

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: Maria Imelda Lim

(PLEASE PRINT)

CCFFH Address: 94-470 Lino Place, Waipahu, HI 96797

(PLEASE PRINT)

tion to recent proof presidents the retirement of the contract						
Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future? I will keep updated my TB clearance for all HHM from now on. I will put on my calendar to do lists.			
41.(1)	I obtained current TB clearances for HHM#2/HHM#3 and placed them in my CCFFH binder.	6/18/21				
54.(c) (2)	I received updated service plan for client #1, #2 and #3 from my CMA.	6/20/21	I will make sure CMA updates all clients Service Plan every 6months.			

V	All items	that	were	fixed	are	attached	to	this	CAF	
				le .	1	1 1 1 1				

PCG's Signature:

Date: 6/21/21

CTA has reviewed all corrected items